

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE 1 OF 12 PAGES	
1. REQUEST NO. N00173-05-Q-0044		2. DATE ISSUED 04/04/05		3. REQUISITION/PURCHASE REQUEST NO. 68-0021-05		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 RATING	
5a. ISSUED BY Contracting Officer, NRL, 4555 Overlook Ave SW, Washington DC 20375						6. DELIVER BY (Date) 30 days	
5b. FOR INFORMATION CALL: (NO COLLECT CALLS)						7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Lillian M Moore				TELEPHONE NUMBER		9. DESTINATION	
				AREA CODE 202		NUMBER 767-3320	
8. TO:						a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME To All Bidders				b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW Bldg 49	
c. STREET ADDRESS						c. CITY Washington	
d. CITY				e. STATE		f. ZIP CODE	
				d. STATE DC		e. ZIP CODE 20375	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 04/14/05			IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.				
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See Attached Continuation Sheet and Attachment 1 and Attachment 2						
12. DISCOUNT FOR PROMPT PAYMENT				a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
							NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.							
13. NAME AND ADDRESS OF QUOTER					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER					16. SIGNER		b. TELEPHONE
b. STREET ADDRESS							
c. COUNTY					a. NAME (Type or print)		AREA CODE
d. CITY				e. STATE	f. ZIP CODE	b. TITLE (Type or print)	
						NUMBER	

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. DOC. BEING CONT'D N00173-05-Q-0044		PAGE OF 2 12	
To All Bidders							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001.	<p>Senior Database Analyst to provide services as stated in the attached Statement of Work.</p> <p>The attached DD1423, Contract Data Requirements List is hereby incorporated into and made a part of the above referenced Request for Quotation.</p> <p>Please fax quotation to Lillian Moore @ 202-767-1708 or FEDEX to: Naval Research Laboratory, 4555 Overlook Ave SW, Code 3411.C, Washington DC 20375.</p> <p>Note: Any questions concerning this RFQ should be emailed to this account SolQnA@labmis.nrl.navy.mil five (5) days prior to the closing date in Block 10 of this RFQ.</p> <p>Please attach a Published Price List or Cost Breakdown to the Quotation.</p>	479	HR				